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NURSING TECHNIC OF ORAL SURGERY

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ONLY lately has the nursing of oral surgery cases been recognized as a special branch of training. With the rapid progress of dental surgery and the increased number of patients treated and cared for, it seems wise to have nurses familiar with the nursing technic of these cases.

This particular branch of surgery is a very interesting one. The patients who command the most interest are the infants and children who have hare lips and cleft palates. They are too young, as a rule, to realize their affliction, and if they can be cared for at this time, much unhappiness is prevented. The surgeon wants the child before he begins to talk with a lisp or a nasal twang. At an early age the repair can be accomplished with the least amount of discomfort to the patient and the scar has a hundred per cent chance of being obliterated.

SUPERVISORS in teaching hospitals have unusual opportunities for research in nursing. It is in accord with true professional and scientific spirit to publish methods or procedures of demonstrable value. This article is useful in itself. It is hoped that it may stimulate further reports of procedures of proven worth that have not yet found their way into our textbooks.

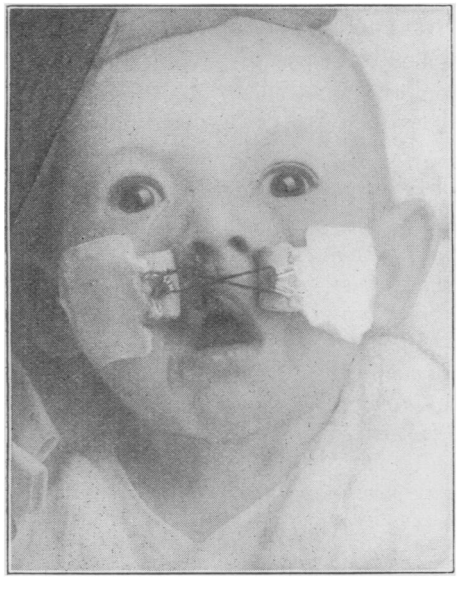
PRE-OPERATIVE TREATMENT

The pre-operative treatment is of greatest importance. At this hospital, all patients are given argyrol sprays (20 per cent) to the palate, twice daily, at 10 a. m. and 6 p. m. Saline sprays (5 per cent) to the palate are given after each feeding.

Prophylaxis is definitely stressed and great care is exercised to make sure that every patient over two years of age has a tooth brush and tooth paste and that he uses them three times daily.

In the hare lip cases, a single strip of adhesive, about 7 inches long by ¾ inch wide, is applied across the face and just under the nose in such a manner as to approximate the two parts. This is removed and the skin cleansed with green soap and sterile water before the patient goes to the operating room.

After operation, the strain on the stitches in a lip repair is relieved by adhesive splints applied to the face. These are made in pairs. A roll of adhesive, ¾ inch wide and ⅝ inch in diameter, is attached to a flap of adhesive 1¼ inch wide by 1¾ inch long. This flap is provided with two ordinary dress hooks, bent and sewed in such a manner as to make it possible to lace a thread back and forth around the hooks and over the adhesive rolls, thus avoiding interference of the thread with the sutures.



To prevent post-operative acidosis,—soda bicarbonate solution (drams one of soda bicarbonate to ounces three aqua distilla) is given in doses of one dram, every hour, for six doses. The last dose is to be given four hours before operation. Other pre-operative treatment is the same as for general surgery. Castor oil is given the evening before and an enema the morning of operation. (No food or water is given for six hours before operation.)

Post-Operative Treatment

When the patient returns from the operating room he requires very special attention while reacting from the anaesthetic. The respiratory tract has been very much changed, a fact which would necessarily interfere with his usual peculiar breathing.

Older patients are very apt to choke or gasp for breath, but an infant may just stop breathing without any appreciable struggle. In such an instance very quick and effective treatment is necessary. The tongue should be kept well forward out of the throat and artificial respiration used. The doctor should be called at once. It is sometimes necessary to pass a nasal catheter to insure breathing and in extreme cases it may be necessary to remove some of the sutures.

As soon as the patient has sufficiently reacted from the anaesthetic, sterile distilled water is given by mouth, drams one, every five minutes, for one hour. If that is retained, at least three ounces of water may be given. When a patient does not retain fluids by mouth at the end of four hours, the doctor orders six or eight ounces of tap water to be given per rectum. On the day of operation, infants' feedings are resumed at six o'clock in the evening; the formula being diluted one-half.

Five per cent lactose solution is usually ordered to be given between feedings to increase the fluid intake.

Infants are fed with a sterile rubber syringe, the fluid being allowed to pass into the mouth drop by drop.

Patients of over one year of age are

kept on a diet of sterile liquids only until the sutures are removed. The sprays are used as a routine treatment, after operation as before, and the palate is painted twice daily with an analin dye, the important constituents of which are brilliant green, crystal violet, and alcohol solution. (We might add that analin dye is used not only for its antiseptic properties, but also for its stimulating effect on granulation tissue.) The sutures are kept clean by washing with alcohol and painting with mercorochrome (1 per cent) every four hours.

Nasal irrigations of normal saline (one quart) are given with very good results, after the repair of a cleft palate, to remove any mucus which might collect and impair nasal breathing.

In a cleft palate repair, gauze packs are placed in an incision on the lateral side of the tonsillar pillars to relieve muscle strain on the sutures. These are removed between the sixth and tenth days. When they are taken out, the patient must be carefully watched for hemorrhage. All loosened stitches, packs, or plates should be carefully noted and reported at once.

Every attempt is made to keep children from fretting and crying after operation. They are kept in Fowler's position to facilitate breathing.

A very simple and convenient method of keeping children from touching their lips or palate is to have them wear cardboard cuffs covered with gauze bandage. They should be long enough to prevent the patient from bending his elbows and getting his hands to his face, and large in circumference to insure free movement of the arm at the shoulder.

Conscientious routine treatment, close observation of the patient's condition, and forcing sterile nourishing fluids to the limit, are the outstanding points in oral-surgery nursing.

THE IDEALS OF THE NURSING PROFESSION FOR SCHOOLS OF NURSING [1]

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THE mere title of my paper stirs many emotions and I am impressed with the difficulty of finding suitable words to express the ideals we cherish, the ideals that have kept many of us at hard and laborious tasks when nothing else would have done so, the ideals that have been so stimulating, and so will-o-the-wisp-like in their qualities of luring and leading on, that we have persevered despite discouragements and set-backs, which would have daunted far braver souls.

If some youthful mother, hugging her babe to her breast, were asked to put into words all the hopes, ideals and dreams she cherishes for her child, I

[1] Read at a joint session of the three national organizations of nurses, Seattle, June 28, 1922.